



Updated 11/27/99; USE F11 to scroll through FIELD STOPS; Double click BOXES to CHECK/UNCHECK; Delete blue text if option not applicable
FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Donald GJERDINGEN, et al.

Serial No: 09/811,028

Filed: March 16, 2001

For: ROTARY INCUBATION STATION FOR
IMMUNOASSAY SYSTEMS

Art Unit: 1743

Examiner: Latoya I. Cross

JAN 14 2004

TC 1700

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
January 5, 2004
Date of Deposit
Wei-Ning Yang, Reg. No. 38,690
Name
Signature _____ Date 01/05/2004

Mail Stop NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application.

Also enclosed are:

- ☒ Information Disclosure
- ☒ Form PTO-1449
- ☒ Cited References
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	24	**	LG=\$18 SM=\$9	\$
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$86 SM=\$43	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$
TOTAL						\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____

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Dated: January 5, 2004

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